

Designation of Authority for Third-Party Complaints

Please accept the complaint filed with the Department of Insurance on my behalf by _____ as having been filed with my consent.

I hereby designate the individual named above as my authorized representative for the purposes of filing and investigating my complaint.

I authorize the Consumer Protection & Education Division of the Kentucky Department of Insurance to investigate the complaint received on my behalf and to respond directly to:

- ☐ Me
- ☐ My authorized representative.

Insured's signature: _____

Insured's name: _____
(please print)

Insured's phone #: (_____) _____ - _____

Date: _____